

APPLICATION DATA SHEET (ADS)

APPLICATION INFORMATION

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| CD-ROM or CD-R?:: | None |
| Title:: | SYSTEMS FOR AND METHODS OF REPAIR OF ATRIOVENTRICULAR VALVE REGURGITATION AND REVERSING VENTRICULAR REMODELING |
| Attorney Docket Number:: | 29838-101 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 2 |
| Total Drawing Sheets:: | 16 |
| Small Entity:: | Yes |
| Petition Included?:: | No |
| Secrecy Order In Parent Appl.?:: | No |

APPLICANT INFORMATION

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|-------------------------------------|---------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Robert |
| Middle Name:: | A. |
| Family Name:: | Levine |
| City of Residence:: | Brookline |
| State or Prov. of Residence:: | MA |
| Country of Residence:: | US |
| Street of Mailing Address:: | 60 Longwood Avenue, #1010 |
| City of Mailing Address:: | Brookline |
| State or Prov. of Mailing Address:: | MA |
| Postal or Zip Code:: | 02446 |

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|-------------------------------------|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Judy |
| Middle Name:: | W. |
| Family Name:: | Hung |
| City of Residence:: | Newtonville |
| State or Prov. of Residence:: | MA |
| Country of Residence:: | US |
| Street of Mailing Address:: | 54 Oakwood Road |
| City of Mailing Address:: | Newtonville |
| State or Prov. of Mailing Address:: | MA |
| Postal or Zip Code:: | 02460 |

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|-------------------------------------|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | J. |
| Middle Name:: | Luis |
| Family Name:: | Guerrero |
| City of Residence:: | Norton |
| State or Prov. of Residence:: | MA |
| Country of Residence:: | US |
| Street of Mailing Address:: | 49 Cross Street |
| City of Mailing Address:: | Norton |
| State or Prov. of Mailing Address:: | MA |
| Postal or Zip Code:: | 02766 |

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|-------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Gus |
| Middle Name:: | J. |
| Family Name:: | Vlahakes |
| City of Residence:: | Weston |

State or Prov. of Residence:: MA
 Country of Residence:: US
 Street of Mailing Address:: 17 Juniper Road
 City of Mailing Address:: Weston
 State or Prov. of Mailing Address:: MA
 Postal or Zip Code:: 02493

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26486

REPRESENTATIVE INFORMATION

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|----------------------------------|-------|--|
| Representative Customer Number:: | 26486 | |
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DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-----------------------|-------------------------|-------------------------|
| This Application | National Phase of | PCT/US03/20450 | 06/27/03 |
| PCT/US03/20450 | Non-Provisional of | 60/392,332 | 06/27/02 |

ASSIGNMENT INFORMATION

Assignee Name:: The General Hospital
 Corporation
 City of Mailing Address:: Boston
 State or Prov. of Mailing Address:: MA